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POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM	Application Number	10/119,500
	Filing Date	November 21, 2003
	First Named Inventor	Timothy B. Hibler
	Title	Cervical Medical Device, System and Method
	Art Unit	3731
	Examiner Name	Michael C. Mendoza
	Attorney Docket Number	212/859

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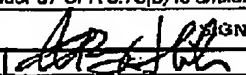
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☐ Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.13(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature 	Date 3/21/06
Name Timothy B. Hibler	Telephone (918) 932-2111
Title and Company Vice President, Medical Horizons, Inc.	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 1 (one) forms are submitted

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